

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GROW NC STRONG INC			FEC IDENTIFICATION NUMBER ▼ C C00545152		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Red Digital			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2016		
Mailing Address P.O. Box 2512			Amount 16666.66		
City Reston	State VA	Zip Code 20195	Transaction ID : SE.4354		
Purpose of Expenditure Digital ad buy		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2016		
Name of Federal Candidate ROSS, DEBORAH K, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		108333.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type	MM / DD / YYYY		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16666.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			16666.66		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>West, Tommy, H., ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 26 / 2016	